

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

37189

1. PLACE OF DEATH

County Washington,  
Township St. Joseph,  
City St. Joseph, (No. 6320 Grant,

Registration District No. 857  
Primary Registration District No. 100

File No. 1165  
Registered No. 1165  
St. St. Joseph Ward Ward

2. FULL NAME Harry Nelson Patch,

(a) Residence, No. 6320 Grant, St. St. Joseph Ward. Ward  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 11 mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wilson Patch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 10, 1900</u>		
7. AGE	YEARS	MONTHS
<u>37</u>	<u>11</u>	<u>2</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Group Factor,</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>11142 S. Main</u>
	10. Date deceased last worked at this occupation (month and year) <u>October 21, 1937</u>
	11. Total time (years) spent in this occupation <u>3</u>

12. BIRTHPLACE (CITY OR TOWN) St. Joseph,  
(STATE OR COUNTRY) Missouri,

13. NAME Harry Patch,

14. BIRTHPLACE (CITY OR TOWN) St. Joseph,  
(STATE OR COUNTRY) Missouri,

15. MAIDEN NAME Edna Patch,

16. BIRTHPLACE (CITY OR TOWN) St. Joseph,  
(STATE OR COUNTRY) Missouri,

17. INFORMANT Mrs. Harry N. Patch  
(ADDRESS) 6320 Grant St.,

18. BURIAL, CREMATION, OR REMOVAL St. Joseph  
PLACE St. Joseph DATE Nov 15, 1937

19. UNDERTAKER Heaton, Bissell & Beaman  
(ADDRESS) 1000 Olive St.,

20. FILED 10/22/37 A. J. Neel  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21, 1937

22. I HEREBY CERTIFY. That I attended deceased from 10/5/37 to 10/21/37

I last saw him alive on Oct 21/1937 Death is said

to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar pneumonia  
double  
11/2  
24 hrs.

Other contributory causes of importance:

Influenza with  
ruled sufficiency  
2 wks.

Name of operation

What test confirmed diagnosis? clinical Date of Nov

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Feutyp, M. D.

(Address) 816 1/4 W 7th Ave

